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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800002		CITY OR TOWN	TYNGSBOR	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 201	13
	CLASS		Y	/EAR
LICENSEE NAME: THE CLUB INC	C			
DOING BUSINESS A THE CLUB				
ADDRESS 130 FROST ROAD				
CITY/TOWN: TYNGSBOROUGH	STATE: MA	ZIP CODE:	01879	
MANAGER: KOPELMAN, ROBERT D.	TYPE OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREI	MISES:			
WOODEN BLDG,WITH THREE RO	OMS,SERVICE AREA	AND TWO ROOM	S OF STORA	GE
I hereby certify and swear under penal	ties of perjury that:			
1. the renewed license will be	of the same type for the	same premises now	licensed;	
2. the licensee has complied v	vith all laws of the Comr	nonwealth relating to	taxes; and	
3. the premises are now open	for business (If not expla	ain below)		
SIGNED BY:				
Individual, Part	ner or Authorized Corpo	orate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER	IDENTIFICATION	ON NUMBER:
		(Note: NOT Indi	ividual Social Sec	curity Number)
We the undersigned, attest that we a Acts of 2004, signed by the building				
license and (2) the certificate of liqu				
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:	1107101110	IXI I
DISAPPROVED:		-3.		
(If disapproved explain)		-		
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	129800005		CITY OR TOWN II	NGSBOROUGII
APPLICATION FOR	RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	DRACUT FOOD SER'	VICE CORPORA	ΓΙΟΝ	
DOING BUSINESS A	A THIRSTY'S			
ADDRESS LAKEVII	EW AVE.			
CITY/TOWN: TYN	GSBOROUGH	STATE: MA	ZIP CODE: 01	879
MANAGER: DANG	G,THIEN TYPE C	F LICENSE: Rest	aurant CATE	GORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES:			
ONE FLOOR, 2 ROO	MS, CELLAR USED F	OR STORAGE		
I hereby certify and sv	vear under penalties of p	erjury that:		
1. the renewe	d license will be of the s	ame type for the s	ame premises now licer	nsed;
2. the license	e has complied with all l	aws of the Commo	onwealth relating to tax	es; and
3. the premise	es are now open for busi	ness (If not explai	n below)	
SIGNED BY:				
	Individual, Partner or A	Authorized Corpor	ate Officer	
DATE:	TELEPHONE N	IJMBER:	EMPLOYER IDE	NTIFICATION NUMBER:
	TEEE HOLE	CIVID EIG	(Note: NOT Individu	al Social Security Number)
	, attest that we are in p by the building inspec			
Acts of 2004, signed				
license and (2) the co	eruncate of nquor nab	ility insurance re	quired by Chapter 11	of the Acts of 2010.
license and (2) the co	ertificate of fiquor flab	ility insurance re		
license and (2) the co	ertificate of inquor nab	llity insurance re	LOCAL LICENSING	
license and (2) the co	ertificate of inquor nam	lity insurance re		
Please Check Below: APPROVED: DISAPPROVED:		llity insurance re	LOCAL LICENSING	
license and (2) the co		lity insurance re	LOCAL LICENSING	
Please Check Below: APPROVED: DISAPPROVED:		llity insurance re	LOCAL LICENSING	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 129800006		CITY OR TOWN	TYNGSBO	ROUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	
LICENSEE NAME: DOING BUSINESS ADDRESS 240 LAI	A OLYMPIC PIZZA	CLASS			YEAR
CITY/TOWN: TY	NGSBOROUGH	STATE: MA	ZIP CODE:	01879	
MANAGER: PAP	PAS, TYPE O	OF LICENSE:Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DEGCDIDATON OF	PLEASE ALSO VISIT OUR WEBST		MAIL ADDRESS		
BAY 6 OF SIX BAY	LICENSED PREMISES Y SHOPPING PLAZA. (TON TO HOUSE REFR	ONE FLOOR, FR		NTRANCE A	AND
	see has complied with all ises are now open for bus Individual, Partner or	siness (If not expla	nin below)	o taxes; and	
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are in d by the building inspec certificate of liquor liab	ctor and the head	l of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 129800007		CITY OR TOW	'N TYNGSBO	DROUGH
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	: GMRI, INC				
DOING BUSINESS	A THE OLIVE GAI	RDEN ITALIAN R	ESTAURANT		
ADDRESS 422 MII	DDLESEX RD				
CITY/TOWN: TY	NGSBOROUGH	STATE: MA	ZIP CODE:	01879	
	CHARME, TYF	PE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
PUBLIC RESTROC	SQ FT BUILDING W DMS, WAITING ARE AK ROOM, RESTRO	EA; ENTRY VEST	IBULE; MANAGI		UNGE;
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	wed license will be of	the same type for th	ne same premises n	ow licensed;	
2. the licens	see has complied with	all laws of the Con	nmonwealth relatir	ig to taxes; and	
3. the prem	ises are now open for	business (If not exp	olain below)		
SIGNED BY:			0.07		
	Individual, Partner	or Authorized Cor	porate Officer		
DATE:		E 144 CED	EMBLO	YER IDENTIFICA	TION NUMBER.
DITIE.	TELEPHON	E NUMBER:		Individual Social S	
					-
	ed, attest that we are ed by the building ins				
license and (2) the	certificate of liquor	liability insurance	required by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 129800008		CITY OR TOWN	1 TYNGSBC	ROUGH
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	: RAMOURA, CORP. S A O'CONLEY'S				
ADDRESS 24 MID	DLESEX ROAD				
CITY/TOWN: TY	NGSBOROUGH	STATE: MA	ZIP CODE:	01879	
	ROUX, TYPE BERT E.	OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBSI		IAIL ADDRESS		
	LICENSED PREMISES		NO CELLAD		
	E DINING ROOM AND swear under penalties of		NO CELLAR		
•	wed license will be of the		same premises no	w licensed:	
	see has complied with all	• •	•		
	ises are now open for bu		_	,	
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE I	NUMBER:		ER IDENTIFICAT	
			(Note: NOT)	ndividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe certificate of liquor lia	ctor and the head	of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	loin				
(11 disappioved expi	am,				_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	129800009		CITY OR TOWN	TYNGSBO	ROUGH
APPLICATION FOR I	RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	C S BUSINESS ENTER	RPRISES,LLC			
DOING BUSINESS A	ANGELA'S COAL FI	RED PIZZA AT	TYNGSBOROUGI	H INC.	
ADDRESS					
CITY/TOWN: TYNG	SSBOROUGH S	STATE: MA	ZIP CODE:	01879	
MANAGER: GUEVA SO	ARA,ALFON TYPE O	F LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR E	MAIL ADDRESS		L
DESCRIPTION OF LI	CENSED PREMISES:				
Two story building					
* *	ear under penalties of p	•			
	l license will be of the s	• 1	•		
	has complied with all la		_	taxes; and	
3. the premises	s are now open for busing	ness (If not expl	ain below)		
SIGNED BY:			0.00		
	Individual, Partner or A	authorized Corpo	orate Officer		
DATE:	TELEPHONE N	UMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social So	ecurity Number)
Acts of 2004, signed b	attest that we are in p by the building inspect rtificate of liquor liabi	or and the head	l of the fire departn	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	DRITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)		-		
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 129800011		CITY	OK TOWN	LINGSBC	rough
APPLICATION FOI	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS	}			YEAR
LICENSEE NAME: DOING BUSINESS	A	LETIER AMERIO	CAN LEG.PO	OST #247 I	NC	
ADDRESS 80 PAW	TUCKET BLVD.					
CITY/TOWN: TYN	NGSBOROUGH	STATE: N	MA ZII	P CODE:	01879	
MANAGER: BUR	KE, JOHN F. TY	PE OF LICENSE	E:Veterans cl	lub C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	OUR EMAIL ADDI	RESS		
DESCRIPTION OF WOODEN BLDG C PORTABLE BAR L STORAGE IN BASI	ONSISTING OF TI OCATED AT REA	HREE ROOMS;M				
I hereby certify and s	swear under penaltie	es of perjury that:				
1. the renew	red license will be of	f the same type fo	r the same p	remises now	v licensed;	
	ee has complied wit			Ū	to taxes; and	
3. the premi	ses are now open fo	r business (If not	explain belo	w)		
SIGNED BY:	Individual, Partne	er or Authorized (Corporate Of	ficer		
DATE:	TELEPHO	NE NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(1)	Note: NOT In	dividual Social S	ecurity Number)
We the undersigne Acts of 2004, signed license and (2) the	d by the building in	nspector and the	head of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain	 ain)					
(ii disapproved expre	,					
			_			
DATE:						
APPLICATION FOR RENEV	VAL MUST BE FILED BY	LICENSEES DURING 7	THE MONTH OF	NOVEMBER (N	M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 129800013		CITY OR TOWN	1 TYNGSBC	DROUGH
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	VESPER COUNTI				
ADDRESS PAWTU	JCKET BLVD.				
CITY/TOWN: TY	NGSBOROUGH	STATE: MA	ZIP CODE:	01879	
MANAGER: MAZ	ZUR, DAVID TYF	PE OF LICENSE: Clu	ıb	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WILLICENSED PREMIS		MAIL ADDRESS		
 the renew the licens 	swear under penalties yed license will be of see has complied with ises are now open for	the same type for the	nonwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Corpe	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor	spector and the hea	d of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.)	ain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 129800014		CITY OR TOWN	TYNGSBOROUGH
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	STONEHEDGE INN	CORPORATION	ſ	
DOING BUSINESS	A			
ADDRESS 160 PAV	WTUCKET BOULEVA	ARD		
CITY/TOWN: TY	NGSBOROUGH	STATE: MA	ZIP CODE:	01879
MANAGER: BOZ LEV	· · · · · · · · · · · · · · · · · · ·	OF LICENSE: In	nholder CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	ES:		
BOARDROOM, ON	TH SITTING ROOM L IE FRONT MAIN ENT TWO EMERGENCY	TRANCE WITH O	NE REAR ENTRAN	ICE FOR
I hereby certify and s	swear under penalties o	f perjury that:		
1. the renew	ved license will be of th	e same type for the	same premises now	licensed;
	ee has complied with a		· ·	taxes; and
3. the premi	ses are now open for bu	usiness (If not expl	ain below)	
SIGNED BY:				
	Individual, Partner o	r Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, signe	d by the building insp	ector and the hea	d of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	oin)			
(If disapproved explain	aiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 129800019		CITY OR TOWN TY	NGSBOROUGH
APPLICATION FOR	RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
	DELPERO ENTERPRIS A CAFÉ IL CIPRESSO	SES,INC		
ADDRESS 130 MID				
CITY/TOWN: TYN	GSBOROUGH S	TATE: MA	ZIP CODE: 01	879
MANAGER: ROGI NE	ERS,CHARLE TYPE OI	F LICENSE: Res	taurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISES:			
	DIVIDED EQUALLY BE LATED ON FIRST LEVE			
I hereby certify and s	wear under penalties of pe	erjury that:		
1. the renewe	ed license will be of the sa	me type for the	same premises now licen	ised;
2. the license	e has complied with all la	ws of the Comn	nonwealth relating to taxe	es; and
3. the premis	es are now open for busin	ess (If not expla	in below)	
SIGNED BY:				
	Individual, Partner or A	uthorized Corpo	rate Officer	
DATE:	TELEPHONE NU	MBER:		NTIFICATION NUMBER:
			(Note: <u>NOT</u> Individua	al Social Security Number)
Acts of 2004, signed	l, attest that we are in po by the building inspect ertificate of liquor liabil	or and the head	of the fire department	for the above named
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:				
DATE.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	9800022		CITY OR TOW	VN TYNGSBO	OROUGH
APPLICATION FOR RE	ENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: GI	EORGE TSINGOS &	ANASTASIC	S DOUKAS		
DOING BUSINESS A	FLINT'S PIZZA AND	SEAFOOD			
ADDRESS 150 WESTF	ORD ROAD				
CITY/TOWN: TYNGS	BOROUGH	STATE: MA	ZIP CODE	: 01879	
MANAGER:	TYPE C	OF LICENSE: R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC					
DINING AREA HAS CALOCATED IN REAR OF		OF 19,ONE R	OOM, FRONT E	NTRANCE, EX	IT
3. the premises a SIGNED BY:	as complied with all lare now open for busing the state of the state o	ness (If not exp	olain below)		
DATE:	TELEPHONE N	UMBER:		YER IDENTIFICA Individual Social S	
We the undersigned, at Acts of 2004, signed by license and (2) the cert	the building inspec	tor and the he	ad of the fire dep	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:			-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	29800024		CITY OR TOW	N TINGSDO	JROUGH
APPLICATION FOR R	ENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: L	AXMINARAYAN I	LIQUOR, INC.			
DOING BUSINESS A	G & G LIQUORS,IN	NC.			
ADDRESS 22 WESTFO	ORD RD				
CITY/TOWN: TYNGS	SBOROUGH	STATE: MA	ZIP CODE:	01879	
MANAGER: PATEL,	BRINDA H.TYPE	OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR I	CMAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMISES	S:			
ONE ROOM ON THE S STORAGE	STREET FLOOR CO	ONTAINING AP	PROX 2070 SQ F	T FOR SALE	AND
2. the licensee h	license will be of the nas complied with all are now open for bu	l laws of the Com	monwealth relatin		
SIGNED BY:	ndividual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE I	NUMBER:		YER IDENTIFICA Individual Social S	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICE By:	NSING AUTH	ORITY
(If disapproved explain)					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800033	•	CITY OR TOWN TYNGSBOROUGH	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: THREE MIDDLES	EX TYNGSBORO,IN	NC	
DOING BUSINESS A			
ADDRESS 350 MIDDLESEX ROAD			
CITY/TOWN: TYNGSBOROUGH	STATE: MA	ZIP CODE: 01879	
MANAGER: SHANAHAN,PATRITYP CK KEVIN	E OF LICENSE: Rest	aurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
DINING ROOM, LOUNGE, BAR AREA ROOM AND RICK'S CAFE. 2 STORY V		, CASABLANCA ROOM, BACALL	
I hereby certify and swear under penalties 1. the renewed license will be of t 2. the licensee has complied with 3. the premises are now open for significant statements. SIGNED BY: Individual, Partner	the same type for the sall laws of the Comme	onwealth relating to taxes; and n below)	
			_
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: <u>NOT</u> Individual Social Security Number)	
Acts of 2004, signed by the building ins	pector and the head	certificate required by Chapter 304 of the of the fire department for the above named quired by Chapter 116 of the Acts of 2010.	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(and provide any anni)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	9800033		CITY OR TOWN	LINGSBC	rougn
APPLICATION FOR RE	NEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: BA	RBEQUE INTERGR	ATED, INC.			
DOING BUSINESS A S	MOKEY BONES BB	Q			
ADDRESS 431 MIDDLE	ESEX ROAD				
CITY/TOWN: TYNGSI	BOROUGH S'	TATE: MA	ZIP CODE:	01879	
MANAGER: BLAISE,	STEVE TYPE OF	LICENSE: Res	aurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICE	ENSED PREMISES:				
one story full service resta	aurant				
I hereby certify and swear	r under penalties of pe	rjury that:			
1. the renewed li	cense will be of the sa	me type for the	same premises now	licensed;	
2. the licensee ha	as complied with all la	ws of the Comm	onwealth relating t	o taxes; and	
3. the premises a	re now open for busin	ess (If not expla	in below)		
SIGNED BY:					
Inc	dividual, Partner or Au	athorized Corpor	ate Officer		
DATE:	TELEPHONE NU	MRED.	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEFTIONE NO	MIDEK.			Security Number)
We the undersigned, at					
Acts of 2004, signed by license and (2) the certi					
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800036	CITY OR TOWN TYNGSBOROUGH	
APPLICATION FOR RENEWAL: Annual LICENSED FOR 201		
CL	ASS YEAR	
LICENSEE NAME: TYNGSBORO SPORTSMAN	CLUB, INC.	
DOING BUSINESS A		
ADDRESS 90 WESTFORD ROAD		
CITY/TOWN: TYNGSBOROUGH STATE	: MA ZIP CODE: 02943	
MANAGER: WOOD JR., TYPE OF LICE ROBERT J.	NSE:Club CATEGORY: All Alcohol	
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
ONE STORY TWO RMS FOR FUNCTIONS		
I hereby certify and swear under penalties of perjury t		
1. the renewed license will be of the same type	•	
2. the licensee has complied with all laws of	_	
3. the premises are now open for business (If	not explain below)	
SIGNED BY:	1.0	
Individual, Partner or Authoriz	ed Corporate Officer	
DATE		
DATE: TELEPHONE NUMBER		
	(Note: NOT Individual Social Security Number)	
We the undersigned, attest that we are in possessi	on (1) the certificate required by Chapter 304 of the	
	the head of the fire department for the above named	
ncense and (2) the certificate of fiquor hability ins	urance required by Chapter 116 of the Acts of 2010.	
Please Check Below:	LOCAL LICENSING AUTHORITY	
APPROVED:	By:	
DISAPPROVED: (If disapproved explain)		
(II disapproved explain)		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	129800038		CITY OR TOV	VN TINGSBU	JKUUGH
APPLICATION FOR I	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	AYESH PATEL				
DOING BUSINESS A	BRIDGEVIEW CO	NVENIENCE ST	ΓORE		
ADDRESS 172 MIDD	LESEX ROAD				
CITY/TOWN: TYNC	SBOROUGH	STATE: MA	ZIP CODE	: 01879	
MANAGER:	TYPE	OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	S:			
3. the premise: SIGNED BY:	has complied with als are now open for bu	usiness (If not exp	olain below)	ng to taxes; and	
DATE:	TELEPHONE	MI IMDED.	EMPL C	YER IDENTIFICA	TION NUMBER:
	TELETHONE	NUMBER.		Individual Social S	
Please Check Below: APPROVED:	7		LOCAL LICI By:	ENSING AUTH	ORITY
DISAPPROVED: (If disapproved explain)				
(ii disappioved explain	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 129800039		CITY OR TOWN	TYNGSBO	ROUGH
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 440 MID	A OUTBACK HOUS		IDA, LLC		
CITY/TOWN: TYN	GSBOROUGH	STATE: MA	ZIP CODE:	01879	
MANAGER: DUM	OND, JOSHUATYPE	OF LICENSE:Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		Į
DESCRIPTION OF I	LICENSED PREMISE	ES:			
SINGLE STORY BU DOOR ENTRANCE;				. FRONT TW	7 0
	e has complied with a es are now open for be	usiness (If not expl	ain below)	to taxes, and	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT dividual Social So	
Acts of 2004, signed	, attest that we are in by the building insp ertificate of liquor lia	ector and the hea	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	<i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 129800040		CITY OR TOV	WN TYNGSBO	DROUGH
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 58 SHER	A TYNGSBORO CC		IC		
CITY/TOWN: TYN	IGSBOROUGH	STATE: MA	ZIP CODE	i: 01879	
MANAGER: CAPI	RA, TAMMY TYPI	E OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF I ONE STORY CLUB ENTRANCE AND E	HOUSE WITH KITC	ES:		T AND REAR	
2. the license	wear under penalties of the dicense will be of the has complied with a ses are now open for but Individual, Partner of	ne same type for the all laws of the Conbusiness (If not exp	nmonwealth relati		
	marviduai, Parmer (or Aumorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		OYER IDENTIFICA [*] Individual Social S	
Acts of 2004, signed	l, attest that we are i l by the building inspertificate of liquor li	ector and the he	ad of the fire dep	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 129800041		CITY OR TOWN	LINGSDC	OKOUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: LIL LOBSTER BOA	ΓLLC			
DOING BUSINESS	S A LIL LOBSTER BOA	AT RESTAURANT			
ADDRESS 440 MII	DDLESEX ROAD				
CITY/TOWN: TY	NGSBOROUGH	STATE: MA	ZIP CODE:	01879	
	RRIEUR, TYPE IMIAH	OF LICENSE: Rest	aurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES	S:			
	see has complied with all ises are now open for bu		_	to taxes; and	
BIGINED BI.	Individual, Partner or	Authorized Corpor	ate Officer		
DATE:	TELEPHONE I	NUMBER:		ER IDENTIFICAT	FION NUMBER: Security Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe certificate of liquor lia	ctor and the head	of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
(11 disappioved expi	iaiii <i>j</i>				_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 129800042	•	II Y OK TOWN	V TINGSBC	OKOUGH
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS A	VESPER COUNTRY A VESPER COUNTR				
ADDRESS ISLAND					
CITY/TOWN: TYN	GSBOROUGH	STATE: MA	ZIP CODE:	01879	
MANAGER: MAZ	UR, DAVID TYPE	OF LICENSE: Club	(CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR WEBS LICENSED PREMISE		IL ADDRESS		
 the renewe the license 	wear under penalties of ed license will be of the e has complied with al es are now open for bu	e same type for the sa l laws of the Commo	onwealth relating		
SIGNED BY:	Individual, Partner or	· Authorized Corpora	nte Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	, attest that we are in by the building inspe ertificate of liquor lia	ector and the head	of the fire depar	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 129800043		CITY OR TOWN	TYNGSBO	OROUGH
APPLICATION	FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	ME: BRINKER MASS C	ORPORATION			
DOING BUSINI	ESS A ON THE BORDER	₹			
ADDRESS 433	MIDDLESEX RD				
CITY/TOWN:	TYNGSBOROUGH	STATE: MA	ZIP CODE:	01879	
	ENCOLINE, TYPI THOMAS	E OF LICENSE: R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEE		EMAIL ADDRESS		_
	OF LICENSED PREMISI				
NEW CONSTR	UCTION, 7846 SQ FT O	NE STORY FULL	L SERVICE RESTAU	JRANT	
•	and swear under penalties of				
	enewed license will be of th	• 1			
	censee has complied with a		<u> </u>	to taxes; and	
5. the pi	remises are now open for b	usiness (II not exp	orani below)		
SIGNED BY:					
SIGNED D1.	Individual, Partner of	or Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersi	gned, attest that we are i	n possession (1) t	he certificate requi	red by Chapt	er 304 of the
Acts of 2004, si	gned by the building insp	ector and the he	ad of the fire depart	tment for the	above named
	the certificate of liquor li	ability insurance	required by Chapte	er 116 of the	Acts of 2010.
Please Check Below	<u>":</u>		LOCAL LICEN	SING AUTH	ORITY
APPROVED: [DISAPPROVED			By:		
(If disapproved e					
	• /				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	129800045		CITY OR TO	WN TINGSEC	KOUGH
APPLICATION FOR I	RENEWAL:	Annual	LI	CENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 00150C W CITY/TOWN: TYNC MANAGER: PATEI EMAIL ADDRESS:	FLINTS CONVENII ESTFORD RD GSBOROUGH L, BHAVIN S. TYPE	STATE: MA OF LICENSE:Pac		E: 01879 CATEGORY:	All Alcohol
PL DESCRIPTION OF LI	EASE ALSO VISIT OUR WEBSI		MAIL ADDRESS		
FRONT AND REAR E			ALL		
2. the licensee 3. the premise. SIGNED BY:	I license will be of the has complied with all s are now open for bus	laws of the Comi	monwealth relat		
	maryradar, rararer or	rumonized corp.	State Officer		
DATE:	TELEPHONE N	NUMBER:		OYER IDENTIFICAT T Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] ()		LOCAL LIC	CENSING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 129800046		CITY OR TOWN TING	SBURUUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
DOING BUSI	AME: NEW ENGLAND WIN	NE COMPANY, I	LTD	
	0 MIDDLESEX RD.			
CITY/TOWN:	TYNGSBOROUGH	STATE: MA	ZIP CODE: 01879)
MANAGER:	SAUNDERS, TYPE C CHARLES J.	OF LICENSE: Pac	kage Store CATEGO	RY: Wine and Malt Regular
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMISES			
2. the	renewed license will be of the slicensee has complied with all premises are now open for bus Individual, Partner or A	laws of the Comniness (If not expla	nonwealth relating to taxes; and below)	
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AU By:	THORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 129800047		CITY OR TOWN	LINGSBC	KUUUH
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: MAXAMILLIANS IN	C.			
DOING BUSINESS	S A MAXAMILLIANS B	ILLARDS, FOOI	O, SPIRITS		
ADDRESS 315 MI	DDLESEX ROAD				
CITY/TOWN: TY	NGSBOROUGH	STATE: MA	ZIP CODE:	01879	
	ANBURY, GLEN TYPE O THUR	OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMISES	:			
2. the licen	wed license will be of the see has complied with all hises are now open for bus	laws of the Comm	onwealth relating t		
SIGNED BY:	Individual, Partner or A	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	IUMBER:			TION NUMBER:
Acts of 2004, signe	ed, attest that we are in ped by the building inspec e certificate of liquor liab	tor and the head	certificate requir of the fire depart	ed by Chapto ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	loin				
(If disapproved exp	iaiii <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12980004	48	CITY OR TOWN	TYNGSBOROUGH	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: CARRAI	BA'S ITALIAN GRILL LLC			
DOING BUSINESS A CARRA	ABA'S ITALIAN GRILL			
ADDRESS 386 MIDDLESEX	ROAD			
CITY/TOWN: TYNGSBORO	UGH STATE: MA	ZIP CODE:	01879	
MANAGER: HANSON, KIMBERLY	TYPE OF LICENSE:	Restaurant Ca	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF LICENSEI	PREMISES:			
APPROX 6400 SQFT WHICH OF A DINING AREA, OPEN I AND STROAGE ROOMS. TH SERVICE ENTRANCE TO TH	OUNGE AREA, AND EXF E MAIN ENTRANCE WILI	HIBITION KITCHEN,	TWO BATHROOMS	
I hereby certify and swear under	penalties of perjury that:			
1. the renewed license	will be of the same type for t	he same premises now	licensed;	
2. the licensee has com	plied with all laws of the Cor	mmonwealth relating to	o taxes; and	
3. the premises are now	open for business (If not ex	plain below)		
SIGNED BY: Individua	al, Partner or Authorized Cor	porate Officer		
DATE: TE	LEPHONE NUMBER:			
		(Note: NOT Inc	lividual Social Security Number)	
We the undersigned, attest th Acts of 2004, signed by the bu- license and (2) the certificate	ilding inspector and the he	ead of the fire depart	ment for the above named	
Please Check Below:		LOCAL LICENS	ING AUTHORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
		-		
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	29800050		CITY OR TOWN	TYNGSBO	ROUGH
APPLICATION FOR RI	ENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: A	NJALI, INC.				
DOING BUSINESS A	SUN CITY VARIETY	ď			
ADDRESS 240 LAKEV	TEW AVENUE				
CITY/TOWN: TYNGS	BOROUGH	STATE: MA	ZIP CODE:	01879	
MANAGER: PATEL,	MEENA J. TYPE O	F LICENSE:Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	ASE ALSO VISIT OUR WEBSITI		MAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMISES:				
2. the licensee h 3. the premises a	icense will be of the s as complied with all l are now open for busi	aws of the Commess (If not expl	monwealth relating to ain below)		
11.	idividual, i didioi oi i	idilionized Corp.	state officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					
APPLICATION FOR RENEWAL	MUST BE FILED BY LICENS	SEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 129800051		CITY OR TOW	N TYNGSBC	DROUGH
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	STONEHEDGE IN	N CORPORATIO	N		
DOING BUSINESS	A				
ADDRESS 170 PAY	WTUCKET BLVD				
CITY/TOWN: TY	NGSBOROUGH	STATE: MA	ZIP CODE:	01879	
	KURT, TYPI ENT	E OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMISE				
RETAIL SHOP, ON	E MAJOR ENTRANC	CE AND NINE EX	ATS		
	see has complied with a sees are now open for b	usiness (If not exp	olain below)	g to taxes; and	
	Individual, Partner of	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 129800052		CITY OR TOWN	TYNGSBOROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: THE LIQUOR SHOP	P TYNGSBORO II	NC.	
DOING BUSI	NESS A THE LIQUOR SHO	OP		
ADDRESS 44	0 MIDDLESEX ROAD			
CITY/TOWN:	TYNGSBOROUGH	STATE: MA	ZIP CODE:	01879
MANAGER:	MIAMIS, GEORGE TYPE M.	OF LICENSE:Pac	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISE	S:		
	licensee has complied with a premises are now open for be	usiness (If not expl	ain below)	o taxes; and
	individual, i artifer o	r rumorized corp.	state officer	
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED: DISAPPROVE			By:	
(If disapproved				
. 11	• '			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY LICE	ENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	29800053	1	CITY OR TOW	N TYNGSBC	DROUGH
APPLICATION FOR R	ENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: D	OUBLE D PUB, INC.				
DOING BUSINESS A	DUKE'S PUB AND GR	ILLE			
ADDRESS 147 FROST	ROAD				
CITY/TOWN: TYNG	SBOROUGH ST	ATE: MA	ZIP CODE:	01879	
MANAGER: DIROCO DONAT		LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMISES:				
	OOMS, FULL RESTAU. HENTWO ENTRANG			CE IN FRONT.	.ONE
3. the premises SIGNED BY:	nas complied with all law are now open for busine	ss (If not explai	n below)	g to taxes, and	
DATE:	TELEPHONE NUM	MBER:		YER IDENTIFICAT	
Acts of 2004, signed by	attest that we are in pos y the building inspector tificate of liquor liabilit	and the head	of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(II disupproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 129800054		CITY OR TOW	N TINGSEC	OKOUGH
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: TYNGSBORO SPOI	RTS CENTER INC			
DOING BUSINESS	S A TYNGSBORO SPO	ORTS CENTER			
ADDRESS 18 PRO	GRESS AVENUE				
CITY/TOWN: TY	NGSBOROUGH	STATE: MA	ZIP CODE:	01879	
	CKENS, TYPE RRYL	E OF LICENSE: Gen prer		CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS		_
	F LICENSED PREMISE				
_	DING WITH TWO FL		ENTRANCES		
	swear under penalties o	1 5 5			
	wed license will be of th	• 1	•		
	see has complied with a			ig to taxes; and	
3. the prem	nises are now open for bu	usiness (If not expla	in below)		
SIGNED BY:	Individual, Partner o	or Authorized Corne	rata Officar		
	murviduai, Farmer o	1 Authorized Corpo.	rate Officer		
DATE:	TELEDIANE	NH IMPED	EMDI O	YER IDENTIFICAT	TION NUMBED:
<i>D</i> 1112.	TELEPHONE	NUMBER:		Individual Social S	
	ed, attest that we are in ed by the building insp				
	certificate of liquor lia				
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved exp	lain)				
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 129800055		CITY OR TOWN	TYNGSBO	ROUGH	
APPLICATION FOR RENEWAL: Annual LICE			LICENS	ICENSED FOR 2013		
		CLASS			YEAR	
	AME: FENG SHUI EXPRES					
	NESS A FENG SHUI KITCH	IEN				
ADDRESS 150) WESTFORD ROAD					
CITY/TOWN:	TYNGSBOROUGH	STATE: MA	ZIP CODE:	01879		
MANAGER:	ZHANG, FRANK TYPE	OF LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	AAIL ADDRESS		1	
DESCRIPTION	N OF LICENSED PREMISES	S:				
FLINTS CORN TWO EXITS	S ON THE FIRST FLOOR ONER PLAZATHE SPACE IN IT WILL BE AN UPSCALE ON SUSHI CUISINESTHE	IS ABOUT 2400 S ASIAN RESTAU	SF WITH TWO ENT JRANT WITH 60 S.	ΓRANCES A EATS, SERV	ND ⁄ING	
I hereby certify	and swear under penalties of	perjury that:				
1. the 1	renewed license will be of the	same type for the	same premises now	licensed;		
2. the l	licensee has complied with all	laws of the Comn	nonwealth relating to	taxes; and		
3. the 1	premises are now open for bu	siness (If not expla	nin below)			
SIGNED BY:						
	Individual, Partner or	Authorized Corpo	orate Officer			
DATE:	TELEPHONE I	NUMBER:			ION NUMBER:	
			(Note: NOT Individual Social Security Number)			
Acts of 2004, s	signed, attest that we are in signed by the building inspe) the certificate of liquor lia	ctor and the head	l of the fire departr	nent for the	above named	
Please Check Belo	w:		LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVE						
(If disapproved	explain)					
DATE:			-			
DAIL.						